



Department of Veterans Affairs

Homeless Provider Grant and Per Diem Program Application

Section B - First Submission

Homeless Providers Grant and Per Diem Application:

Applicant Summary:

Your Organizations Name: _____

Veterans Integrated Service Network (VISN)

In what VISN is your proposed project located? _____ (see map in appendix)

Have you coordinated with your VISN Homeless Veterans Contact Person (VHVCP) to ensure your project meets a need in your VISN? If yes, please provide the contact's name in the space provided below. If no, see the VISN Homeless Veterans Contact Person List in the appendix and please contact your VHVCP.

My VISN Homeless Veterans Contact Person is: _____

1. Eligibility to Receive VA Assistance:

A. Non Profit Organizations must provide documentation of Accounting System Certification and Evidence of Private Non-Profit Status. This should be accomplished by the following:

1. Provide documentation showing the applicant is a certified United Way Member Agency; or
2. A certification on letterhead stationery from a CPA or Public Accountant that the organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or that the organization has designated a qualified entity to maintain a functioning accounting system. If an entity is used their name and address must be included in the certification letter; and
3. Applicants must provide evidence of their status as a non-profit organization by submitting a copy of their IRS ruling providing tax exempt status under the IRS Code of 1986, as amended.

B. Primarily Religious Organizations must certify that it agrees to comply with the requirements of 38 CFR17.707 (b). Please complete the following statement if your organization meets VA criteria as a primarily religious organization. If you are unsure as to your status as a religious organization consult with the VA Program Manager, (202) 273-8442.

I, _____ certify that _____
(name and title) (name of organization)

agrees that it will provide housing and supportive services in a manner that is free from religious influences and in accordance with the principles listed in 38 CFR 17.707(b).

(Signature and Title of authorized representative)

Date: _____

2. **Project Summary:**

Our Organization requests \$ _____ .00 for the _____ of
(Funds requested from VA) (Construction / Renovation / Acquisition)

_____ to: (check all that apply)
(List building)

☐ create _____ beds for **TRANSITIONAL HOUSING**.

☐ create a **SERVICE CENTER**.

☐ Our program will **request per diem assistance** upon completion of the project.

The following supportive services will be provided in addition to the housing:

The total project cost is \$ _____. This is the amount requested from VA plus the remaining balance of funds required to complete the project.

A. Special Populations If the project proposes to serve a special population exclusively (meaning to serve this population only) please check the appropriate box.

☐ HIV Positive Population

☐ Female Homeless Veterans

☐ Homeless Veterans with Substance Abuse Problems

☐ Homeless Veterans with PTSD

☐ Other _____
(Please specify)

B. Innovation of Project Check this block if you wish for your project to be considered as innovative. (See rules §17.711 (5) for innovative quality of proposal.)

☐ Please consider this project for additional points because of its innovation.

2. Project Summary (cont.):

C. Beds and Bedroom Breakdown

All applicants must enter the requested information in the “projected level” column below. If this is a new component of an existing project, you must also complete the “current level” column and an Existing Project narrative. If this is a new project, please enter “N/A in the “current” column. Estimates should reflect the count as when the project is fully operational.

| Projected Bedrooms, Beds and Participants | Beds and Bedroom Categories | (A) Current Level | (B) Projected Level |
|--|---|----------------------|------------------------|
| | 1. Number of bedrooms for homeless persons | | |
| | 2. Number of bedrooms for homeless veterans | | |
| | 3. Number of beds for homeless persons (include cribs and children’s beds) | | |
| | 4. Number of beds for homeless veterans | | |
| | 5. If service center, number of anticipated visits per month | | |
| | | | |

D. Existing Project Narrative:

Applicants proposing to use existing facilities to provide **new** supportive housing; supportive services for veterans in supportive housing and or homeless veterans not residing in supportive housing must provide a narrative explanation in the following space of the new effort to be under taken and how it is different from the existing project. (Please answer in the space provided below.)

(continue on next page if necessary)

2. *Project Summary (cont.)*

D. **Existing Project Narrative Continued** (Please answer in the space provided below.)

E. State / Local Government Applicants:

Applicants who are States or Local Governments must provide a copy of any comments or recommendations by approved State and (area wide) clearinghouses pursuant to Executive Order 12372.

3. Major Milestones (Timeline):

Please enter the number of estimated days and a date from execution of the grant agreement that each of the milestones will occur. (e.g., If execution of Grant Agreement is 9/30/98 and it will take 30 days for item one enter; 30 days, 10/30/98). Enter N/A if the event is not part of the proposal.
(Please answer in the space provided below.)

| Milestone | Days from Execution of Grant Agreement | <u>Date</u> |
|---|---|--------------------|
| 1. Close on purchase of structure or execution of lease | | |
| 2. Rehabilitation started | | |
| 3. Rehabilitation completed | | |
| 4. New construction started | | |
| 5. New construction completed | | |
| 6. Operations Staff Hired | | |
| 7. Residents begin to Occupy | | |
| 8. Supportive Services Begin | | |

4. **Budget and Leveraging:**

In the chart below in column (A) enter the total cost of the project. Then multiply column (A) by .65 and place the resulting number in column (B).

A. **Budget Summary:** (Please answer in the space provided below.)

| Summary of Grant Funds Requested | Enter the amount requested for each activity. | (A) Total Cost of Project | (B) 65% of Total Cost Requested from VA |
|----------------------------------|---|------------------------------|--|
| 1. Acquisition | \$ | .00 | \$.00 |
| 2. Rehabilitation | \$ | .00 | \$.00 |
| 3. New Construction | \$ | .00 | \$.00 |
| 4. Totals | \$ | .00 | \$.00 |

B. **Leveraging Summary:**

Enter in the chart below the cash value of documented cash and in-kind resources from other public (including Federal and State) and private sources that are committed to the project. (Please answer in the space provided below.)

| Non-VA Resources Brought to the Project | Resource | (A) Cash Value | (B) VA use only (Allowed Value) |
|--|----------|-------------------|------------------------------------|
| 1. Applicant Cash | \$ | .00 | \$.00 |
| 2. Third Party Cash | \$ | .00 | \$.00 |
| 3. Third Party Non-cash | \$ | .00 | \$.00 |
| 4. Volunteer Time | \$ | .00 | \$.00 |
| 5. Contribution of Building | \$ | .00 | \$.00 |
| 6. Contributed Building Below Market Value | \$ | .00 | \$.00 |
| 7. Contributed Leasehold Interest | \$ | .00 | \$.00 |
| 8. Contributed Materials | \$ | .00 | \$.00 |
| Total of All Leveraging | \$ | .00 | \$.00 |

C. Supporting Documentation: Applicants that list the cash value of leveraged resources in the Leveraging Summary must document these resources on the appropriate organization letterhead stationary as outlined in the Assurances Section of this application (First Submission – pages 38 & 39.)

5. Description of Need:

The information you provide here will assist in the rating of your project. Please provide a short and descriptive narrative responding to each of the following items:

A. How did you identify the need for this project? (Please answer in the space provided below.)

B. Estimate the total number of homeless veterans in your area that could be served by, or be eligible for this program. (Please answer in the space provided below.)

C. List the sources of this information. Please be specific. (Please answer in the space provided below.)

D. What percentage or portions of this total number of homeless veterans (Question 2) will be served by this proposed program? (Please answer in the space provided below.)

E. Describe any special characteristics or need of this group to be served to demonstrate understanding of the population. (Please answer in the space provided below.)

6. **Targeting:**

A. **Settings**

The information you provide here will be used in rating targeting and quality of the project plan. Complete the chart below, estimating the percentage of project participants who:

(Please answer in the space provided below.)

| | Projected Percentage (must total 100%) |
|--|---|
| 1. Regularly sleep in places not designed for, or ordinarily used as sleeping accommodations for human beings. | |
| 2. Reside in an emergency shelter. | |
| 3. Are otherwise homeless. | |

B. Description of “Otherwise Homeless”: If Item A, line 3, is greater than 0%, explain how participants will meet VA’s homeless definition. (VA definition of homeless or homeless individual is located in the Rules and Regulations §17.701 Definitions section in the appendix. Please answer in the space provided below.)

6B. Targeting (cont.):

If you described an “other wise homeless” population to be served, how will you determine that these individuals actually need your services (i.e., would spend the night in a shelter or on the street)?

(Please answer in the space provided below.)

6. Targeting (cont.):

C. Outreach Plan:

Please describe how your agency will identify and serve homeless veterans by responding to the following 7 questions:

- (1.) Briefly describe the veteran who would qualify for housing and/or services. Describe the process your agency will use to screen homeless people for veteran status.** (Please answer in the space provided below.)

- (2.) Describe how your agency will reach out to homeless people living on the streets or in shelters.**
(Please answer in the space provided below.)

6C. Targeting (cont.):

(3.) How will you identify where homeless people can be found?

(Please answer in the space provided below.)

(4.) How will you sweep each site and engage the homeless to use your services?

(Please answer in the space provided below.)

6C. Targeting (cont.):

(5.) What initial services will you provide? (Please answer in the space provided below.)

(6.) In addition to outreach, are there other ways in which the homeless will access your services?
(Please answer in the space provided below.)

6C. Targeting (cont.):

(7.) Describe, if applicable, the population that you will serve that will not be veterans.

(Please answer in the space provided below.)

7. Project Plan:

This is the portion of the application that describes your program, as VA Reviewers will focus on how the project plan addresses the goals. The project plan section consists of 8 areas.

Please keep your answers within the boxed space provided after each question.

Area 1 questions begin with the goal. Be sure to address the goal in your answers.

Area 1. The information you provide here should relate to the following goals:

- 1. Residential stability of participants;**
 - 2. Increased skill level and / or income of participants; and**
 - 3. Greater self-determination of participants.**
-

For each of the three goals listed above, describe in the space provided:

- a) The specific measurable objective(s) that will be used to assess the program's success,
- b) How you decided on the objective(s)
- c) How the success of the program will be evaluated on an ongoing basis, and
- d) How you will determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program more fully realize its objectives.

BEGIN ON NEXT PAGE.

7. Project Plan (cont.):

Area 1. (1a) The goal is residential stability of participants. - - What is / are the specific measurable objective(s) that will be used to assess program success? (Please answer in the space provided below.)

Area 1. (1b) The goal is residential stability of participants - - How did you decide on the objectives?
(Please answer in the space provided below.)

7. Project Plan (cont.):

Area 1. (1c) The goal is residential stability of participants - - How will the success of the program be evaluated on an ongoing basis? (Please answer in the space provided below.)

Area 1. (1d) The goal is residential stability of participants - - How will you determine whether program modifications are necessary, and if so how such changes will be implemented to make the program fully realize its objectives? (Please answer in the space provided below.)

7. Project Plan (cont.):

ATTENTION APPLICANT! YOU ARE BEGINNING A NEW GOAL.

Area 1. (2a) The goal is increased skill level and / or income of participants - - What are the specified measurable objective(s) that will be used to assess the program's success? (Please answer in the space provided below.)

Area 1. (2b) The goal is increased skill level and / or income of participants - - How did you decide on the objective(s)? (Please answer in the space provided below.)

7. Project Plan (cont.):

Area 1. (2c) The goal is increased skill level and / or income of participants - - How will the success of the program be evaluated on an ongoing basis? (Please answer in the space provided below.)

Area 1. (2d) The goal is increased skill level and / or income of participants - - How will you determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program fully realize its objectives? (Please answer in the space provided below.)

7. Project Plan (cont.):

ATTENTION APPLICANT! YOU ARE BEGINNING A NEW GOAL.

Area 1. (3a) The goal is greater self-determination of participants - - What are the specific measurable objective(s) that will be used to access the program's success? (Please answer in the space provided below.)

Area 1. (3b) The goal is greater self-determination of participants - - How did you decide on the objective(s)? (Please answer in the space provided below.)

7. Project Plan (cont.):

Area 1. (3c) The goal is greater self-determination of participants - - How will the success of the program be evaluated on an on going basis? (Please answer in the space provided below.)

Area 1. (3d) The goal is greater self-determination of participants - - How will you determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program fully realize its objectives? (Please answer in the space provided below.)

7. Project Plan (cont.):

Area 2. Describe the process for assessing the initial service needs of potential participants in the program, as well as, the process for assessing the ongoing needs of individuals once they become program participants.

(Please answer in the space provided below.)

7. Project Plan (cont.):

Area 3. Provide a brief description of the supportive services to be offered participants and the way in which supportive services will help participants meet the goals specified above. If the project will be providing case management, describe how case management services will be provided in the program. Include in the description the ratio of case managers to program participants.

(Please answer in the space provided below.)

7. Project Plan (cont.):

Area 4. Describe (if applicable):

- a) Why the proposed housing was selected in light of the population proposed to be served;**
- b) What process will be used for deciding in which units participants will live;**
- c) What role participants will have in operating and maintaining the housing; and**
- d) What responsibilities you and any sponsors or contractors will have in operating/maintaining the housing.**

(Please answer in the space provided below.)

7. Project Plan (cont.):

Area 5. Describe how this project will enable participants to gain greater access to neighborhood activities, services and institutions. (Please answer in the space provided below.)

7. Project Plan (cont.):

Area 6. Describe how you will implement your project in accordance with your timeline.

(Please answer in the space provided below.)

7. Project Plan (cont.):

Area 7. For applications proposing transitional housing, describe what permanent affordable housing will be available to participants upon leaving transitional housing and how participants will be readied for this event. (Please answer in the space provided below.)

7. Project Plan (cont.):

Area 8. Describe any follow-up services that will be provided once participants leave transitional housing. Include specific services to be provided. (Please answer in the space provided below.)

8. Ability:

The information you provide here will be used in the rating of ability criterion. Please provide the requested resumes and complete the questions that follow within the boxed space that follows each question.

Note: All applicants must complete Items A through H, while Items I through K should be completed as appropriate for the proposal.

Describe the capacity of the organizations involved in carrying out this proposal in terms of :

A. Experience of staff; please provide a resume of key personnel. (Attach here)

B. Experience of organization engaging the participation of homeless veterans residing in places not ordinarily meant for human habitation or in emergency shelters. (Please answer in the space provided below.)

C. Experience of organization assessing the housing and supportive service needs of homeless veterans;
(Please answer in the space provided below.)

8. Ability (cont.):

D. Experience of organization accessing housing and supportive service resource, including entitlement benefits; (Please answer in the space provided below.)

E. Experience of organization providing supportive services to homeless persons that aid them in achieving and maintaining stable long term housing, increasing their skill levels and income; and gaining more influence over their lives; (Please answer in the space provided below.)

F. Experience of organization's ability to provide for the special needs of veterans;
(Please answer in the space provided below.)

8. Ability (cont.):

G. Experience of organization monitoring and evaluating individual's progress in meeting personal goals;

(Please answer in the space provided below.)

H. Experience of organization evaluating over all effectiveness of programs and using the evaluation to make improvements; (Please answer in the space provided below.)

I. If applicable, experience of organization operating a rental assistance program.

(Please answer in the space provided below.)

8. Ability (cont.):

J. For those applications involving operation/maintenance of a housing facility, describe the experience of the organization in operating housing for homeless persons. (Please answer in the space provided below.)

K. For those applications involving rehabilitation or new construction, describe the experience of the organization in contracting for or overseeing the rehabilitation or construction of housing.

(Please answer in the space provided below.)

9. Coordination with other Programs:

Please provide a description of each of the following in the box space provided:

- A. How was the planning of this project coordinated with other organizations that assist the homeless. List all agencies with which you work that serve homeless veterans. Describe the nature and duration of your relationship with them.** (Please answer in the space provided below.)

- B. How will program operations be integrated with existing services in the community (i.e., non-profit organizations and governmental entities, including VA medical facilities, VA regional offices and your VISN). Include documentation substantiating your involvement with them in the planning / operations of services.** (Please answer in the space provided below.)

9. Coordination with other Programs (cont.):

C. Attach here any VA or other coordination letters you have received in support of this project.

D. Describe your involvement in VA-community networking for homeless veterans (e.g., Community Homeless Assessment and Local Education and Networking Groups (CHALENG) for Veterans). Who is your closest VA Medical Center or VA Regional Office CHALENG Point of Contact with whom you have networked? (If you have not networked with your CHALNG Point of Contact, see the CHALENG Contact Person List in the appendix and please contact him or her.) (Please answer in the space provided below.)

10. Site Description: (Please answer in the space provided below.)

A. Address of Site:

B. Type of Housing: Check the one box that describes the type of living situation for participants.

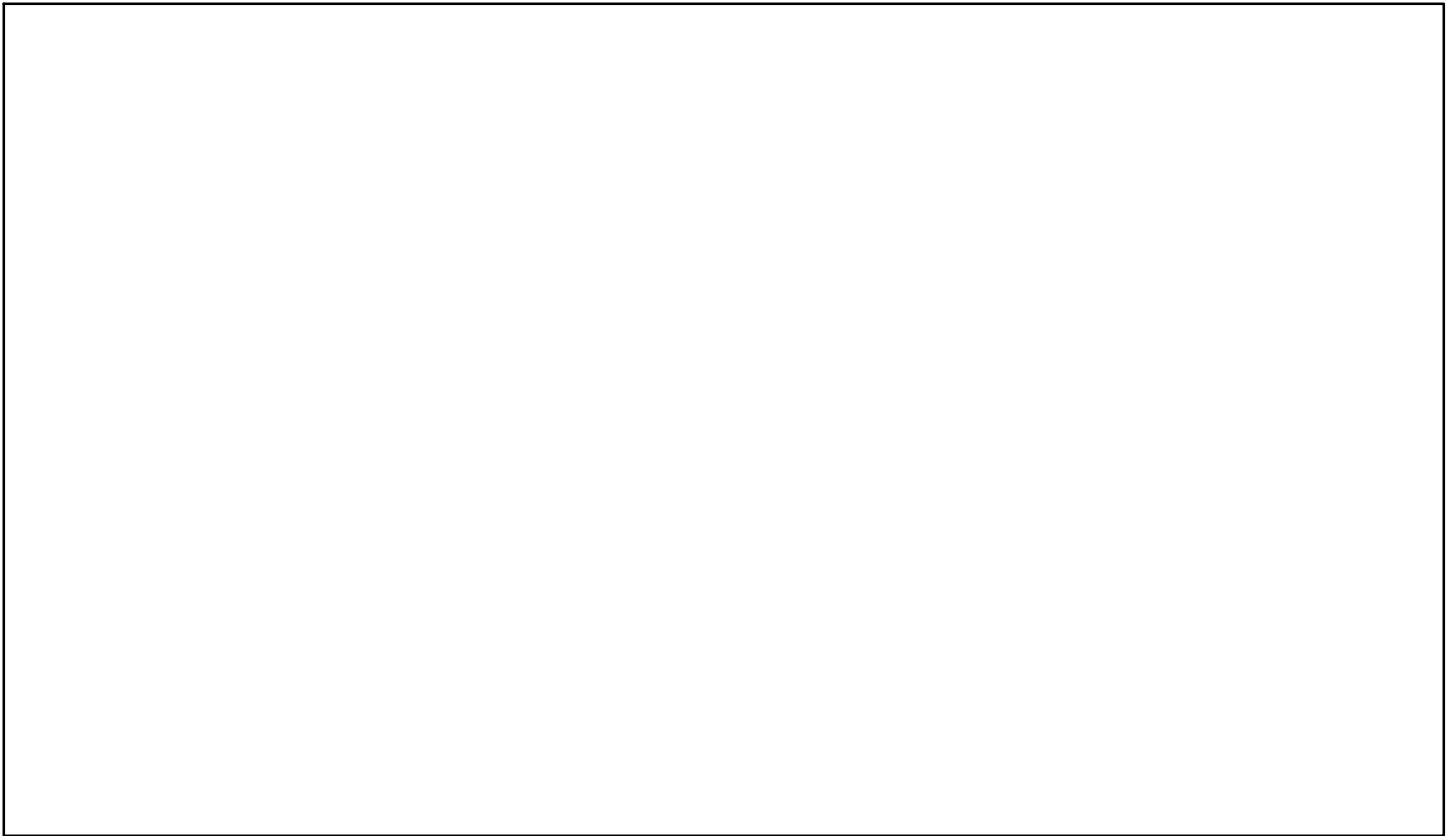
| | | | |
|--------------------------|-----------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Dormitory | <input type="checkbox"/> | Shared apartment |
| <input type="checkbox"/> | Shared Bedroom | <input type="checkbox"/> | Single Family House |
| <input type="checkbox"/> | Single Room Occupancy | <input type="checkbox"/> | Shared single family house |
| <input type="checkbox"/> | Apartment | <input type="checkbox"/> | Other (describe below) |
| or | | | |
| <input type="checkbox"/> | The site does not involve housing | | |

C. Housing Setting: (Please answer in the space provided below.)

1. Describe the neighborhood where the site is located (e.g., rural, urban, suburban; residential or commercial; prevalence of single family or multi-family dwellings);
2. How receptive the neighborhood residents are to a homeless facility; and
3. The site's accessibility to supportive services.

10. Site Description (cont.): (Please answer in the space provided below.)

D. Photograph: For projects, which include acquisition and / or rehabilitation, attach a photograph of the site clearly showing the main entrance of the building(s) in the space provided below.



E. Environmental: Check any of the boxes that describe the site.

| | | | |
|--------------------------|--|--------------------------|-----------------------|
| <input type="checkbox"/> | On Historic Register | <input type="checkbox"/> | Has high noise level |
| <input type="checkbox"/> | In flood plain | <input type="checkbox"/> | Near railroad/airport |
| <input type="checkbox"/> | Has hazardous waste | <input type="checkbox"/> | Asbestos |
| <input type="checkbox"/> | Adjacent to major highway | <input type="checkbox"/> | Lead-based paint |
| <input type="checkbox"/> | Other potential problem (describe below) | | |

10. Site Description (cont.):

F. Current Occupants:

For proposals involving acquisition, rehabilitation or demolition (with or without VA funds), fill in the chart below. Applicants who enter a number **greater than** zero in the "Total Number of Units Occupied" box must submit with this application (on not more than 2 double spaced typed pages) reasons for using units at this site that are occupied, and a plan for providing relocation assistance. (Then attach here.)

| Type of Units | Total Number of Units Occupied at Application Submission |
|-----------------|--|
| Dwelling | |
| Non-residential | |

Warning: If any units are occupied (regardless of lease arrangements), there may be a need for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4601-4655). Costs associated with relocation assistance are operational costs, and as such are not allowable cost to be funded through the grant.

G. Demolition Plan

All applicants who include the cost of demolition of a building in the cost of construction must submit in the space below a demolition plan, which includes the extent and costs of existing site features to be removed. **Attention:** The cost of demolition cannot be included in the cost of construction unless the proposed construction is in the same location as the building to be demolished or unless the demolition is inextricably linked to the design of the construction project. (Please answer in the space provided below.)

11. Site Design and Cost Estimates: (Please answer in the space provided below.)

A. Address of Site:

B. Proposed Schematics: Submit one set of schematic line drawings showing the basic layout of the proposed sited as it would be following new construction, acquisition, remodeling or renovation. Show total floor and room areas, designation of all spaces and size of all areas and rooms. It is not necessary to show mechanical systems detail in the schematic drawings. (Attach Here)

C. Existing Buildings: If the project involves acquisition, remodeling or renovation submit one set of schematic line drawings showing the current as-built layout of site. Show total floor and room areas, designation of all spaces and size of all areas and rooms. It is not necessary to show mechanical systems detail in the schematic drawings. Include a description (on not more than 2 double-spaced typed pages) of the buildings current use and type of construction. (Attach here after B.)

D. Cost Estimate: Complete Standard Form 424C, Budget Information – Construction Programs, located in the Forms section of this book. Note: After VA initially obligates funds for new construction, acquisition, remodeling or renovation, VA will not make revisions to increase the amount obligated. (Attach here after C.)

12. Assurances:

There are several assurance forms, which need to be completed. **IMPORTANT:** Please ensure that you have completed all assurances to VA in the requested format. If you fail to do so it may result in the rejection of your application at the threshold review. All applicants must provide the assurances listed below to VA. For items A through H, please complete the necessary blocks and sign where appropriate. For Items I through N, you must document these resources on letterhead stationary in the appropriate format described below. Construction programs must also complete Standard Form 424D Assurances Construction.

NO OTHER FORMAT WILL BE ACCEPTED AS EVIDENCE OF A FIRM COMMITMENT.

12. Assurances (cont):

A. Services Benefiting Veterans

If this proposal is funded applicant assures that upon completion of the project:

1. Facilities so funded will be used principally to furnish to veterans the level of care for which the application was made. at locations accessible to homeless veterans;
2. Not more than 25 percent of participants at any one time will consist of participants who are not receiving such services as veterans;
3. Services provided will meet standards prescribed by the Secretary of Veterans Affairs;
4. Referral networks will be maintained for. and aid will be given to homeless veterans in, establishing eligibility for assistance and obtaining services under available entitlement and assistance programs;
5. Confidentiality of records pertaining to homeless veterans will be maintained.

B. Reports; Record Retention

If this proposal is funded, applicants assures that any and all reports required by the Secretary of Veterans affairs shall be made in such form and contain such information as the Secretary may require. Applicant further assures that upon demand, the Secretary of Veterans Affairs has access to the records upon which such information is based.

C. Title to Vest with Grantee

If this proposal is funded, applicant assures that title to sites constructed, acquired, expanded, remodeled and/or altered with grant funds, will be vested solely in the applicant.

D. Continued Financial Support

If this proposal is funded, applicant assures that adequate financial support will be available for the continued maintenance, repair and operation of the project or van funded by VA.

E. Fiscal Control

If this proposal is funded, applicant assures that it will establish and maintain such procedures for fiscal control and fund accountir as may be necessary to ensure proper disbursement and accounting with respect to the grant.

F. Non-Delinquency

This institution certifies that it is not delinquent on any Federal debt.

G. Accuracy of Application Information

All information submitted with this application is accurate, and does not contain any false, fictitious or fraudulent statement or entry.

H. Applicant Cash Resources.

If this proposal is funded, applicant will commit \$_____ of its own funds for _____ to be made available to the VA Homeless Providers Grant and Per Diem program. The funds will be available on _____.

| | |
|---|----------------|
| Signature of Authorized Certifying Official Title | Date Submitted |
| Applicant Organization | Date |

12. Assurances (cont):

NOTE: THESE ASSURANCES **MUST** BE COMPLETED ON LETTERHEAD STATIONARY OF THE DONOR.

NO OTHER FORMAT WILL BE ACCEPTED AS EVIDENCE OF A FIRM COMMITMENT.

I. Third Party Cash.

If this proposal is funded, _____ will
commit \$ _____ to _____ for
_____ to be made available to the VA
Homeless Providers Grant and Per Diem program. These funds
will be made available on _____.

J. Third Party Non-Cash Resources.

If this proposal is funded, _____ will
commit to make available _____
valued at \$ _____ to the VA Homeless
Providers Grant and Per Diem program proposed by
_____. These resources will be
made available to the VA Homeless Providers Grant and Per
Diem program from _____ to _____.

K. Volunteer Time:

If this proposal is funded, _____
commit to provide _____ hours of volunteer time to
provide _____ to the VA Homeless Providers
Grant and Per Diem program proposed by
_____. The value of these
services is \$ _____ based on a rate of

L. Contribution of a Building (maintain documentation of fair market value on file).

If this proposal is funded, _____
pledges the building at _____ to
the VA homeless facility. The building has a fair market value of
\$ _____. An appropriate independent third party
made this assessment which is based on comparable properties in
the area.

M. Contribution of a Building to be Acquired at Below Market Value (maintain documentation of fair market value on file).

If this proposal is funded, _____ commits the
building at _____ for the VA
Homeless Providers Grant and Per Diem program. The building
is not now being used as a _____ homeless facility. The
building has a
fair market value of \$ _____. An appropriate
independent third party made this assessment which is based on
comparable properties in the area. The full purchase price of the
building is \$ _____. Therefore, the contribution is the
difference between the fair market value and the purchase price,
or \$ _____.

N. Contributed Materials.

If this proposal is funded, _____ commits
_____ for
the VA Homeless Providers Grant and Per Diem program. The
estimated value of this material is \$ _____.

Application Assembly Checklist

Place your application in the order of the checklist below and list the page numbers in sequence on both the application and on this checklist. The checklist will serve as your Table of Contents for your application package. A page number box is at the bottom center of each application page. On documents you have provided (i.e., assurances, resumes, etc.,) please place these documents in their proper order as directed in the application (i.e., Attach Here) and number them in sequence. When finished your application should be sequentially numbered, beginning at the first page and continuing through the last one submitted.

| Items | VA Page Numbers | Applicant Page Number |
|---|--|-----------------------|
| Application for Federal Assistance (Standard Form 424) | Located in Forms Section | |
| Application Receipt Form (VA Form 10-0361A) | Located in Forms Section | |
| Application Assembly Checklist | First Submission – page 40 | |
| Applicant Summary - - First Submission | First Submission - page 1 | |
| Veterans Integrated Service Network | First Submission - page 1 | |
| Eligibility to Receive VA Assistance - - First Submission | First Submission - page 1 | |
| Project Summary - - First Submission <ul style="list-style-type: none"> a. Special Populations b. Innovation of Project c. Beds & Bedroom Breakdown d. Existing Project Narrative e. State and Local Govt. (if applicable) | First Submission – pages 2 through 5 | |
| Major Milestones (Timeline) - - First Submission | First Submission - page 5 | |
| Budget and Leveraging - - First Submission <ul style="list-style-type: none"> a. Budget Summary b. Leveraging Summary | First Submission - page 6 | |
| Description of Need - - First Submission | First Submission - page 7 | |
| Targeting - - First Submission <ul style="list-style-type: none"> a. Settings b. Description of Otherwise Homeless c. Outreach Plan | First Submission - pages 8 through 13 | |
| Project Plan - - First Submission <ul style="list-style-type: none"> Areas 1 through 8 | First Submission – pages 14 through 27 | |
| Ability - - First Submission <ul style="list-style-type: none"> a. Resumes of personnel b. Questions B through H (required) and I through K if applicable | First Submission – pages 28 through 31 | |
| Coordination with other Programs - - First Submission <ul style="list-style-type: none"> a. Questions A, B, D b. Question C Letters of Support | First Submission – pages 32 and 33 | |
| Site Description - - First Submission <ul style="list-style-type: none"> Areas A through G | First Submission – pages 34 through 37 | |
| Site Design and Cost Estimates - - First Submission <ul style="list-style-type: none"> a. Areas A through D b. Standard Form 424C, Budget Information Const. | First Submission – page 37 Located in Forms Section | |
| Assurances - - First Submission <ul style="list-style-type: none"> Areas A through H Areas I through N on Letterhead Stationary Standard Form 424D, Assurances Construction | First Submission – pages 38 & 39 Located in Forms Section | |

